

2014 HCRP Housing Stability Review Sheet

Program Information

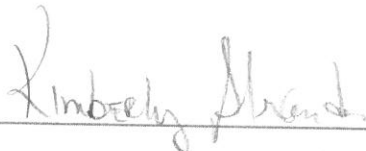
Application #	310	Region:	5
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Allocation	\$1,300,000	Review Status	Review complete no issues
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Legal Name	Coleman Professional Services, Inc.
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Reviewer	Kimberly Alexander
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Reviewer Signature



Administrative Requirements

List of Board Members	Yes
Evidence of 501 c3 status	Yes
Statement of Continued Existence	Yes
Homeless Planning Region Information	Yes
Board Authorization	Yes
Voluntary Board Certification	Yes

Comments

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Follow up items

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Homeless Region Planning Information

Applicant needs to demonstrate that the Regional Planning Group includes representation from each county within the region, each local CoC within the region, all CoC and DSA funded agencies within the region as well as sufficient non-homeless service providers from mainstream resource agencies. In addition, the applicant must demonstrate that the Regional Planning Group met an appropriate number of times since July 1, 2013.

Comments

Yes all agencies are represented in the region and meets on a quarterly basis.

Follow up Items

Partner Agencies

In the chart below list the partner agencies for the proposed Housing Stability program.

Ashtabula County community housing Development Organization

Catholic Charities Ashtabula County

Hunility of Mary/Emmanuel Care Center

Family & Community Services

Board of Lake County Commissioners/Lifeline, Inc.

Trumbull County Mental Health and Recovery Board

Womensafe

Memorandum of Understanding (MOU)

Does the (Partner Details) section indicate that that partner agencies are required to sign MOUs that meet ODSA requirements?

Response

Yes

Comments

Follow up Items

Centralized/Coordinated Intake

Applicant needs to satisfactorily describe the community's Centralized/Coordinated Intake system including what type of system is being utilized, method of client contact, hours of availability and how persons will be prioritized and assessed. In addition, the applicant must describe the role the Homeless Planning Region has in monitoring and evaluating the system and ensuring consistency in the system's implementation.

Comments

Region 5 implemented a single coordinated intake form for all 5 regions. The agency uses No Wrong Door policy through the 211 system. Each county has its own business hours; Ashtabula 8:30-5:00M-F all calls received after hours are answered through the Help Hotline. Geauga; 2-1-1 24/7 for people in crisis and use diversion resources whenever possible. Lake; for people in crisis and use diversion resources whenever possible 2-1-1 24/7. Portage; Individuals can walk in or call to schedule an appointment anytime Mon-Fri. 8a-5p at Coleman Professional Services. After hours are handled through Family & Community Services 24/7

Follow up Items

Diversion Process

Applicant must satisfactorily describe the diversion process in detail including the characteristics and/or situations in which an individual or family would be diverted from the homeless system.

Comments

Divert clients from unnecessary stays at the shelter. The agency stated that operating under the Uniform Diversion Policy it allows providers using coordinated screening including uniform Barrier assessment questions to correctly divert a client. Diversion flow chart attached.

Follow up Items

Applicant must demonstrate that the Region is effectively targeting rapid re-housing funds to persons in shelter and transitional housing programs and reducing the length of stay for persons in those programs.

Comments

Shelter days have gone from 41 to 36. However, for Womensafe the days has gone from 23-28 on average due to increase in counseling services and intensive support for DV clients.

Follow up Items

Budget/Outcome Information

Based on proposed budget and outcomes applicant needs to demonstrate that an appropriate amount of funds are allocated to homelessness prevention and rapid re-housing activities. In addition, the average assistance per household for homelessness prevention and rapid re-housing should reflect and appropriate length of stay.

In the charts below, enter information from the application in the non-highlighted cells

	Prevention	Rapid Re Housing	Admin	HMIS	Total
Request	\$404,843	\$805,102	\$65,000	\$25,055	\$1,300,000
Percent	31%	62%	5%	2%	

Admin Request

Admin request is appropriate

Enter the percentage of funds requested for supportive services expenses under the homelessness prevention activity.	20%
Agency is requesting and appropriate amount for supportive services.	

Enter the percentage of funds requested for supportive services expenses under the rapid re-housing activity.	20%
In the non-highlighted cells enter the # of households and persons projected to be served for homelessness prevention and rapid re-housing.	

In the non-highlighted cells enter the # of households and persons projected to be served for homelessness prevention and rapid re-housing.

	Households Projected	Avg. Assistance Household	Persons Projected	Avg. Assistance Persons
Prevention	150	\$2,699	244	\$1,659
RRH	203	\$3,966	361	\$2,230

Comments

Follow up Items

HMIS Information

Agency must meet standards for null/missing and don't know/refused for values for required data elements. In addition, the agency must meet standards for anonyomus clients and household type.

Comments

yes agency meets standard.

Follow up Items

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Select appropriate review status

Review complete no issues

Follow up items

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Steps taken to follow-up with agency

Date

Resolution of follow-up items

Date

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